Ca**Sa**Se 1818/ CV606692-MCA-JAD Document 54-12 Filed 09/04/20 Page 1 of 2 PageID: 1052 Filed 04/01/19 Page 5 of 37 PageID: 291

CHARGE OF DISCRIMINATION Charge Presented To: This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Agency(ies) Charge No(s): Statement and other information before completing this form. **FEPA EEOC** 524-2016-00817 New Jersey Division On Civil Rights and EEOC State or local Agency, if any Name (indicate Mr., Ms., Mrs.) Home Phone (Incl. Area Code) Ms. Latoya Thompson Date of Birth Street Address 01-03-1982 City, State and ZIP Code 51 Willow Ave., #102, Roselle, NJ 07203 Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.) No. Employees, Members LIBERTY MUTUAL Phone No. (Include Area Code) Unknown Street Address City, State and ZIP Code 7 Becker Farm Road, Roseland, NJ 07068 Name No. Employees, Members Phone No. (Include Area Code) Street Address City, State and ZIP Code DISCRIMINATION BASED ON (Check appropriate box(es).) DATE(S) DISCRIMINATION TOOK PLACE RACE COLOR RELIGION NATIONAL ORIGIN 02-15-2015 05-09-2016 GENETIC INFORMATION OTHER (Specify) **Equal Pav** CONTINUING ACTION THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was hired by the above named employer, Respondent, on April 7, 2008 at the position of Associate Case Manager. I am an African-American female. Having worked for the Respondent for 8 years, I worked my way up to Technical Care Specialist 1. I have not received a raise since 2014. In February 2015 I received my first poor performance review. In response to this, in March 2015, I filed a formal complaint with Human Resources, detailing the harassment and hostility I was experiencing at the hands of my manager Debra Holt. There was no mutually agreeable resolution to my complaint. In June I received a verbal warning and I was told I was being placed on a "coaching plan" without explanation and received a "first and final internet usage violation." My manager at this time is now Michelle Skibinsky. I am the only team member that received this report and yet everyone in my team uses the internet freely throughout the work day. On July 10, 2015, the stress of my treatment forced me to leave work on short-term disability. I returned to work on January 4, 2016 and the same harassment and hostility I had experienced prior I want this charge filed with both the EEOC and the State or local Agency, if any. I NOTARY - When necessary for State and Local Agency Requirements will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I swear or affirm that I have read the above charge and that it is true to I declare under penalty of perjury that the above is true and correct. the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE May 09, 2016 (month, day, year) Date 8

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Now I	X EEOC	524-2016-00817
New Jersey Division C	n Civil Rights	
to leaving, had only gotten worse. I am clearly being se despite my inquiries as to why this is happening, has despite on the above information I believe I am being disability.		
despite my inquiries as to why this is happening, has d Based on the above information I believe I am being dis disability, and retaliation, in violation of the Equal Pay A Fitle VII of the Civil Rights Act, as amended.		
Based on the above information to		
Based on the above information to		

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I charge my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, Information and belief.

SIGNATURE OF COMPLAINANT

May 09, 2016

Date

Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

NOTARY – When necessary for State and Local Agency Requirements

State and Local Agency Requirements

Subscribed And Local Agency Requirements